

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542820

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3							53						
4	1		1				54						
5							55						
6							56						
7							57						
8			1				58						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2								
TOTAL DEP.	8		8		8								
TOTAL CLAIMS	10		10		10								